



# ACTIVE MEMBER OF THE ARMED FORCES IN GOOD STANDING FORM

Michigan Department of Licensing & Regulatory Affairs  
Bureau of Fire Services, Fire Fighter Training Division  
P.O. Box 30700, Lansing, MI 48909  
Email: [LARA-BFS-SMOKE@MICHIGAN.GOV](mailto:LARA-BFS-SMOKE@MICHIGAN.GOV)

Applicant Name: \_\_\_\_\_ SMOKE PIN: \_\_\_\_\_  
(Last, First, M.I.)

## INSTRUCTIONS:

An active member of the Armed Forces, currently under your command, is applying to the State of Michigan Bureau of Fire Services for reciprocity on credentials received while employed with the Armed Forces. In accordance with Michigan Public Act 291 of 1966 as amended, as part of this process, the Bureau of Fire Services requires proof that this applicant is currently in good standing with the Armed Forces.

The applicant's commander/supervisor shall complete and return this form as proof of the applicant's status.

I, \_\_\_\_\_, in my official capacity as the commander/supervisor of \_\_\_\_\_, a reciprocity applicant to the State of Michigan Bureau of Fire Services, do state that this applicant is currently in good standing with the Armed Forces of the United States of America.

\_\_\_\_\_  
Commander/Supervisor Printed Name

\_\_\_\_\_  
Rank

\_\_\_\_\_  
Commander/Supervisor Signature

\_\_\_\_\_  
Date

If follow up confirmation is required, I may be contacted at:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Print a copy for your records. Copy, scan, and email this application to: [LARA-BFS-SMOKE@michigan.gov](mailto:LARA-BFS-SMOKE@michigan.gov)

Any questions may be directed to:

**Liam A. Carroll**  
**Certification Chief**  
Fire Fighter Training Division  
Phone: (517) 242-1171  
Email: [CarrollL3@michigan.gov](mailto:CarrollL3@michigan.gov)